

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED
USE ONLY: [] DESK REVIEWED

DATE RECEIVED [] INITIAL
INTERMEDIARY NO. [] FINAL

[] RE-OPENING
[] MCR CODE

PART I - CERTIFICATION

CHECK
APPLICABLE BOX

☐ ELECTRONICALLY FILED COST REPORT
☐ MANUALLY SUBMITTED COST REPORT

DATE: _____
TIME: _____

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY RML SPECIALTY HOSPITAL (14-2010) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2007 AND ENDING 05/31/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX
		PART A	PART B	
	1	2	3	4
1	HOSPITAL			1
2	SUBPROVIDER I	-1342578		2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	-1342578		100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5601 SOUTH COUNTY LINE ROAD
 1.01 CITY: HINSDALE

STATE: IL

P.O. BOX:

ZIP CODE: 60521

COUNTY: COOK

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	RML SPECIALTY HOSPITAL	14-2010	06/01/1997	N	P	N
3	SUBPROVIDER I						2
4	SWING BEDS - SNF						3
5	SWING BEDS - NF						4
6	HOSPITAL-BASED SNF						5
7	HOSPITAL-BASED NF						6
8	HOSPITAL-BASED OLTG						7
9	HOSPITAL-BASED HHA						8
11	SEPARATELY CERTIFIED ASC						9
12	HOSPITAL-BASED HOSPICE						11
14	HOSP-BASED RHC						12
15	OUTPATIENT REHABILITATION PROVID						14
16	RENAL DIALYSIS						15
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 06/01/2007	TO: 05/31/2008			16
18	TYPE OF CONTROL		1	2			17
			5				18
19	HOSPITAL			2			19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?		NO				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N		N		21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.	NO					21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO					22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO					23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO					25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO					25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO					25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO					25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO					25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO			27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00	N		28.03
28.04	RECRUITMENT	0.00	N		28.04
28.05	RETENTION OF EMPLOYEES	0.00	N		28.05
28.06	TRAINING	0.00	N		28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	1	2	3	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	36.01
		NO	NO	NO	37
					37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O.BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC						
	1	2	3	4	5						
47	HOSPITAL	N	N	N	N	47					
48	SUBPROVIDER I	N	N	N	N	48					
49	SKILLED NURSING FACILITY	N	N			49					
50	HOME HEALTH AGENCY	N	N			50					
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					NO	52				
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					NO	52.01				
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53				
53.01	MDH PERIOD: BEGINNING: ENDING:						53.01				
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 627047 PAID LOSSES: AND/OR SELF INSURANCE:						54				
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					NO	54.01				
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					NO	55				
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.					DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					NO	57				
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					NO	58				
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01				
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)					YES	59				

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60

ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPP SUBPROVIDER A
NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)

NO

60

60.01

IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT
COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'
FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH
42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2
IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE
SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)

60.01

MULTICAMPUS

61

DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.
IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,
ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NO

61

COUNTY:

1

STATE:

2

ZIP CODE

3

CBSA

4

FTE/
CAMPUS

5

PROVIDER NO. 14-2010 RML SPECIALTY HOSPITAL
 PERIOD FROM 06/01/2007 TO 05/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2008.05
 10/23/2008 16:54

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----				OBS. BEDS ADMITTED 5.01
					TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	
1	HOSPITAL ADULTS & PEDS, EXCL	90	32940			16094	522	1222	1
2	SWING BED, OBSERV & HOSPICE DAYS								
3	HMO								2
4	HOSPITAL ADULTS & PEDS -								3
5	SWING BED SNF								
6	HOSPITAL ADULTS & PEDS -								4
7	SWING BED NF								
8	TOTAL ADULTS & PEDS	90	32940			16094		1222	5
9	EXCL OBSERVATION BEDS								
10	INTENSIVE CARE UNIT								6
11	CORONARY CARE UNIT								7
12	BURN INTENSIVE CARE UNIT								8
13	SURGICAL INTENSIVE CARE UNIT								9
14	OTHER SPECIAL CARE (SPECIFY)								10
15	NURSERY								11
16	TOTAL HOSPITAL	90	32940			16094		1222	12
17	RPCH VISITS								13
18	SUBPROVIDER I								14
19	SKILLED NURSING FACILITY								15
20	NURSING FACILITY								16
21	OTHER LONG TERM CARE								17
22	HOME HEALTH AGENCY								18
23	ASC (DISTINCT PART)								20
24	HOSPICE (DISTINCT PART)								21
25	O/P REHAB PROVIDER								23
26	RHC I								24
27	TOTAL	90							25
28	OBSERVATION BED DAYS								26
29	AMBULANCE TRIPS								27
30	EMPLOYEE DISCOUNT DAYS								28

PROVIDER NO. 14-2010 RML SPECIALTY HOSPITAL
 PERIOD FROM 06/01/2007 TO 05/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
	COMPONENT	TITLE	TITLE	TITLE	TOTAL ALL	
		V	XVIII	XIX	PATIENTS	
		12	13	14	15	
1	HOSPITAL ADULTS & PEDS, EXCL.		492	37	761	1
	SWING BED, OBSERV & HOSPICE DAYS					
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS -					3
	SWING BED SNF					
4	HOSPITAL ADULTS & PEDS -					4
	SWING BED NF					
5	TOTAL ADULTS & PEDS					5
	EXCL OBSERVATION BEDS					
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		492	37	761	12
13	RPCN VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1851119	1851119	34495	1885614		1885614	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1023915	1023915	22132	1046047		1046047	4
5	0500 EMPLOYEE BENEFITS	193074	3500688	3693762	-5334	3688428		3688428	5
6.01	0630 PURCHASING	177571	41020	218591		218591		218591	6.01
6.02	0640 ADMITTING	769341	136203	905544	-7	905537	-11157	894380	6.02
6.03	0650 PATIENT ACCOUNTS	219876	121073	340949		340949	-12200	328749	6.03
6.04	0660 OTHER ADMINISTRATIVE & GENERAL	3575203	3888602	7463805	-6540	7457265	-1929384	5527881	6.04
7	0700 MAINTENANCE & REPAIRS	109218	70738	179956	-39499	140457		140457	7
8	0800 OPERATION OF PLANT	525073	967057	1492130	700	1492830		1492830	8
9	0900 LAUNDRY & LINEN SERVICE		127381	127381		127381		127381	9
10	1000 HOUSEKEEPING	373359	159361	532720	-3147	529573		529573	10
11	1100 DIETARY	291513	199273	490786	-296148	194638	-6397	188241	11
12	1200 CAFETERIA				206593	206593	-55744	150849	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	487041	49461	536502		536502		536502	14
15	1500 CENTRAL SERVICES & SUPPLY								15
16	1600 PHARMACY								16
17	1700 MEDICAL RECORDS & LIBRARY	179879	32833	212712	-9	212703	-23219	189484	17
18	1800 SOCIAL SERVICE	407371	120925	528296		528296		528296	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM- (SPECIFY)								24
25	2500 INPATIENT ROUTINE SERV COST CENTERS								
	ADULTS & PEDIATRICS	7547448	2473989	10021437	-1185443	8835994	-255	8835739	25
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	80154	342611	422765	-108157	314608		314608	37
41	4100 RADIOLOGY-DIAGNOSTIC	262061	63357	325418	-22425	302993	-5920	297073	41
43	4300 RADIOISOTOPE		49561	49561	-24942	24619		24619	43
44	4400 LABORATORY	43548	830529	874077	-15558	858519	134560	993079	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	3495330	1201408	4696738	-771257	3925481	-814291	3111190	49
49.01	4901 PULMONARY REHAB	260805	118512	379317	-2132	377185	-14517	362668	49.01
50	5000 PHYSICAL THERAPY	283762	46503	330265	-19504	310761	-367	310394	50
51	5100 OCCUPATIONAL THERAPY	110928	137334	248262	-4660	243602		243602	51
52	5200 SPEECH PATHOLOGY	193236	16097	209333	-175	209158		209158	52
52.01	5201 PSYCHOLOGY	162763	12860	175623		175623	-175623		52.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT		286070	286070	2253657	2539727		2539727	55
56	5600 DRUGS CHARGED TO PATIENTS	702097	1905487	2607584	44168	2651752	-14134	2637618	56
57	5700 RENAL DIALYSIS		608749	608749	-135	608614	-24106	584508	57
58.01	3630 ULTRASOUND	52509	7951	60460	-46	60414		60414	58.01
58.02	3230 CT SCAN		11645	11645		11645		11645	58.02
	OUTPATIENT SERVICE COST CENTERS								
61	6100 EMERGENCY	456896	175451	632347		632347	-632347		61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OPT								69.20
69.30	6930 CMHC								69.30
69.40	6940 OPT								69.40
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
90	9000 OTHER CAPITAL RELATED COSTS		56627	56627	-56627				90
95	SUBTOTALS	20960056	20634390	41594446		41594446	-3585101	38009345	95
	NONREIMBURSABLE COST CENTERS								
96.01	9601 OFFSITE RESPIRATORY								96.01
101	TOTAL	20960056	20634390	41594446		41594446	-3585101	38009345	101

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
1	2	3	4	5	
1 CAFETERIA COSTS	A	CAFETERIA	12	150141	56452 1
2 MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO P	55		2253657 2
3	B	OPERATION OF PLANT	8		700 3
4	B				4
5	B				5
6	B				6
7	B				7
8	B				8
9	B				9
10	B				10
11	B				11
12	B				12
13	B				13
14	B				14
15	B				15
16	B				16
17	B				17
18	B				18
19	B				19
20	B				20
21	B				21
22 DRUGS	C	DRUGS CHARGED TO PATIENTS	56		54843 22
23	C	OTHER ADMINISTRATIVE & GENERA	6.04		216 23
24	C				24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				150141	2365868 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF.
		COST CENTER	LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 CAFETERIA COSTS	A	DIETARY	11	150141	56452	1
2 MEDICAL SUPPLIES	B	ADMITTING	6.02		7	2
3	B	OTHER ADMINISTRATIVE & GENERA	6.04		6756	3
4	B	MAINTENANCE & REPAIRS	7		39499	4
5	B	HOUSEKEEPING	10		3147	5
6	B	EMPLOYEE BENEFITS	5		5	6
7	B	MEDICAL RECORDS & LIBRARY	17		9	7
8	B	ADULTS & PEDIATRICS	25		1135904	8
9	B	RESPIRATORY THERAPY	49		771257	9
10	B	DRUGS CHARGED TO PATIENTS	56		10675	10
11	B	OPERATING ROOM	37		107966	11
12	B	DIETARY	11		89555	12
13	B	RADIOLOGY-DIAGNOSTIC	41		22425	13
14	B	LABORATORY	44		15558	14
15	B	ULTRASOUND	58.01		46	15
16	B	RADIOISOTOPE	43		24942	16
17	B	PHYSICAL THERAPY	50		19504	17
18	B	OCCUPATIONAL THERAPY	51		4660	18
19	B	SPEECH PATHOLOGY	52		175	19
20	B	RENAL DIALYSIS	57		135	20
21	B	PULMONARY REHAB	49.01		2132	21
22 DRUGS	C	EMPLOYEE BENEFITS	5		5329	22
23	C	ADULTS & PEDIATRICS	25		49539	23
24	C	OPERATING ROOM	37		191	24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				150141	2365868	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS	12936849	1319055		1319055		14255904		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	9146699	1701314		1701314	1096631	9751382		6
7 SUBTOTAL	22083548	3020369		3020369	1096631	24007286		7
8 RECONCILING ITEMS								8
9 TOTAL	22083548	3020369		3020369	1096631	24007286		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

		----- COMPUTATION OF RATIOS -----				----- ALLOCATION OF OTHER CAPITAL -----		
DESCRIPTION		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS
		1	2	3	4	5	6	7
1	OLD CAP REL COSTS-BLDG & FIXT				.000000			
2	OLD CAP REL COSTS-MVBLE EQUIP				.000000			
3	NEW CAP REL COSTS-BLDG & FIXT	14255904		14255904	.609159	34495		
4	NEW CAP REL COSTS-MVBLE EQUIP	9146699		9146699	.390841	22132		
5	TOTAL	23402603		23402603	1.000000	56627		

		----- SUMMARY OF OLD AND NEW CAPITAL -----						
DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	822271	1028848		34495			3
4	NEW CAP REL COSTS-MVBLE EQUIP	849628		174287	22132			4
5	TOTAL	1671899	1028848	174287	56627			5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

		----- SUMMARY OF OLD AND NEW CAPITAL -----						
DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	822271	1028848					3
4	NEW CAP REL COSTS-MVBLE EQUIP	849628		174287				4
5	TOTAL	1671899	1028848	174287				5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION		BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO.	WKST A-7 REF
		1	2	COST CENTER 3	4	5
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5	INVESTMENT INCOME-OTHER					5
6	TRADE, QUANTITY, AND TIME DISCOUNTS					6
7	REFUNDS AND REBATES OF EXPENSES					7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10	TELEVISION AND RADIO SERVICE					10
11	PARKING LOT					11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
13	SALE OF SCRAP, WASTE, ETC.	A-8-2	-719887			12
14	RELATED ORGANIZATION TRANSACTIONS	WKST				13
15	LAUNDRY AND LINEN SERVICE	A-8-1	110454			14
16	CAFETERIA - EMPLOYEES AND GUESTS	B	-55744	CAFETERIA	12	15
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					16
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					17
19	SALE OF DRUGS TO OTHER THAN PATIENTS					18
20	SALE OF MEDICAL RECORDS AND ABSTRACTS					19
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					20
22	VENDING MACHINES					21
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					22
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					23
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	24
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	25
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	A-8-4				26
28	UTIL REVIEW-PHYSICIANS' COMPENSATION	WKST		HOME HEALTH AGENCY	71	27
29	DEPRECIATION--OLD BUILDINGS & FIXTURES	A-8-4		UTILIZATION REVIEW-SNF	89	28
30	DEPRECIATION--OLD MOVABLE EQUIPMENT	WKST		OLD CAP REL COSTS-BLDG & FIXT	1	29
31	DEPRECIATION--NEW BUILDINGS & FIXTURES	A-8-4		OLD CAP REL COSTS-MVBLE EQUIP	2	30
32	DEPRECIATION--NEW MOVABLE EQUIPMENT	WKST		NEW CAP REL COSTS-BLDG & FIXT	3	31
33	NON-PHYSICIAN ANESTHETIST	A-8-3		NEW CAP REL COSTS-MVBLE EQUIP	4	32
34	PHYSICIANS' ASSISTANT			NONPHYSICIAN ANESTHETISTS	20	33
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	34
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4				35
37	BAD DEBTS	WKST				36
37.01	MEDICAL RECORDS PHOTOCOPYING	A	-734000	OTHER ADMINISTRATIVE & GENERAL	6.04	37
37.05	RESEARCH AND DEVELOPMENT	B	-23157	MEDICAL RECORDS & LIBRARY	17	37.01
37.06	MARKETING	A	-753	OTHER ADMINISTRATIVE & GENERAL	6.04	37.05
37.07	PULMONARY EXPENSE	A	-11062	ADMITTING	6.02	37.06
37.08	OTHER REVENUE - A & G	A	-814274	RESPIRATORY THERAPY	49	37.07
37.09	OTHER REVENUE - ADMITTING	B	-4521	OTHER ADMINISTRATIVE & GENERAL	6.04	37.08
37.10	OTHER REVENUE - NURSING	B	-95	ADMITTING	6.02	37.09
37.11	OTHER REVENUE - MED RECORDS	B	-255	ADULTS & PEDIATRICS	25	37.10
37.13	OTHER REVENUE - PHARMACY	B	-62	MEDICAL RECORDS & LIBRARY	17	37.11
37.15	OTHER REVENUE - MISCELLANEOUS	B	-14134	DRUGS CHARGED TO PATIENTS	56	37.13
37.16	OTHER REVENUE - DIETARY	B	-43088	OTHER ADMINISTRATIVE & GENERAL	6.04	37.15
37.17	OTHER REVENUE - RADIOLOGY	B	-6397	DIETARY	11	37.16
37.18	OTHER REVENUE - PT	B	-5920	RADIOLOGY-DIAGNOSTIC	41	37.17
37.19	LOYOLA FELLOWSHIPS	B	-367	PHYSICAL THERAPY	50	37.18
37.20	LOYOLA MISCELLANEOUS	A	-145266	EMERGENCY	61	37.19
37.22	ENTERTAINMENT EXPENSE	A	-389	OTHER ADMINISTRATIVE & GENERAL	6.04	37.20
37.23	MEMBERSHIP DUES	A	-61793	OTHER ADMINISTRATIVE & GENERAL	6.04	37.22
37.24	UNFUNDED SELF INSURANCE	A	-9985	OTHER ADMINISTRATIVE & GENERAL	6.04	37.23
37.25	OTHER REVENUE - MEDICAL ADMINISTR	A	266733	OTHER ADMINISTRATIVE & GENERAL	6.04	37.24
37.26	OTHER REVENUE - RESPIRATORY	B	-17160	OTHER ADMINISTRATIVE & GENERAL	6.04	37.25
37.27	PSYCHOLOGY BENEFITS/BILLING	B	-17	RESPIRATORY THERAPY	49	37.26
37.28	EMERGENCY BENEFITS/BILLING	A	-13851	PSYCHOLOGY	52.01	37.27
37.31	OTHER REVENUE - PATIENT ACCOUNTS	A	-30199	EMERGENCY	61	37.28
37.32	OTHER REVENUE - PULMONARY REHAB	B	-12200	PATIENT ACCOUNTS	6.03	37.31
38	MARKETING - ADMIN	B	-921	PULMONARY REHAB	49.01	37.32
39	PROVIDER RELATIONS MARKETING	A	-6000	OTHER ADMINISTRATIVE & GENERAL	6.04	38
40	FUND RAISING	A	-66573	OTHER ADMINISTRATIVE & GENERAL	6.04	39
41		A	-158222	OTHER ADMINISTRATIVE & GENERAL	6.04	40
42	MEDICAID PROVIDER TAX	A	-1005996	OTHER ADMINISTRATIVE & GENERAL	6.04	41
						42

PROVIDER NO. 14-2010 RML SPECIALTY HOSPITAL
PERIOD FROM 06/01/2007 TO 05/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

EXPENSE CLASSIFICATION ON WORKSHEET A TO/
FROM WHICH THE AMOUNT IS TO BE ADJUSTED WKST A-7
COST CENTER LINE NO. REF
3 4 5

DESCRIPTION	BASIS 1	AMOUNT 2	COST CENTER 3	LINE NO. 4	REF 5
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-3585101			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

HOME OFFICE COSTS:			AMOUNT OF	AMOUNT (INCL	NET ADJ-	WKST	
LINE	COST CENTER	EXPENSE ITEMS	ALLOWABLE	IN WKST A,	USTMENTS	A-7	
NO.			COST	COL 5)		REF	
1	2	3	4	5	6	7	
1	44	LABORATORY	LABORATORY SERVICES	665917	594922	70995	1
2	57	RENAL DIALYSIS	RENAL DIALYSIS	597707	621813	-24106	2
3	44	LABORATORY	BLOOD BANK	329257	265692	63565	3
4							4
5		TOTALS		1592881	1482427	110454	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B		LOYOLA UNIVERSITY MEDICAL CTR	49.50	HOSPITAL	1
2	B		RUSH UNIVERSITY MEDICAL CENTER	49.50	HOSPITAL	2
3	B		RML HEALTH PROVIDERS	1.00	PARTNERSHIP	3
4						4
5						5

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER NO. 14-2010 RML SPECIALTY HOSPITAL
 PERIOD FROM 06/01/2007 TO 05/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO. 1	2	3	4	5	6	7	8	9
1	6.04 OTHER ADMINISTRATIVE & G FORSYTHE	36000		36000	177200	350	29817	1491
2	6.04 OTHER ADMINISTRATIVE & G DEZIEL	33040		33040	177200	83	7071	354
3	6.04 OTHER ADMINISTRATIVE & G TOBIN	36000		36000	177200	360	30669	1533
4	6.04 OTHER ADMINISTRATIVE & G JUBRAN	37000		37000	177200	360	30669	1533
5	6.04 OTHER ADMINISTRATIVE & G PETRAK, RUSSELL	36000		36000	177200	480	40892	2045
6	6.04 OTHER ADMINISTRATIVE & G SURGERY	-3000	-3000		208000			
7	49.01 PULMONARY REHAB DILLIG	35320		35320	177200	255	21724	1086
8	52.01 PSYCHOLOGY AGGREGATE	161772	161772		157200			
9	61 EMERGENCY AGGREGATE	456882	456882		177200			
10	6.04 OTHER ADMINISTRATIVE & G UROLOGY	12000	12000		177200			
11	6.04 OTHER ADMINISTRATIVE & G NEUROLOGY	12500	12500		177200			
12	6.04 OTHER ADMINISTRATIVE & G BROFMAN	33612		33612	177200	228	19424	971
13	6.04 OTHER ADMINISTRATIVE & G PETRAK, RICHARD	19806		19806	177200	137	11671	584
101	TOTAL	906932	640154	266778		2253	191937	9597

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
10	11	12	13	14	15	16	17	18
1	6.04 OTHER ADMINISTRATIVE & G FORSYTHE					29817	6183	6183
2	6.04 OTHER ADMINISTRATIVE & G DEZIEL					7071	25969	25969
3	6.04 OTHER ADMINISTRATIVE & G TOBIN					30669	5331	5331
4	6.04 OTHER ADMINISTRATIVE & G JUBRAN					30669	6331	6331
5	6.04 OTHER ADMINISTRATIVE & G PETRAK, RUSSELL					40892		
6	6.04 OTHER ADMINISTRATIVE & G SURGERY							-3000
7	49.01 PULMONARY REHAB DILLIG					21724	13596	13596
8	52.01 PSYCHOLOGY AGGREGATE							161772
9	61 EMERGENCY AGGREGATE							456882
10	6.04 OTHER ADMINISTRATIVE & G UROLOGY							12000
11	6.04 OTHER ADMINISTRATIVE & G NEUROLOGY							12500
12	6.04 OTHER ADMINISTRATIVE & G BROFMAN					19424	14188	14188
13	6.04 OTHER ADMINISTRATIVE & G PETRAK, RICHARD					11671	8135	8135
101	TOTAL					191937	79733	719887

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	PURCHASING 6.01	ADMITTING 6.02	PATIENT ACCOUNTS 6.03	SUBTOTAL 5A	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT	1885614	1885614							3
4	NEW CAP REL COSTS-MVBLE EQUIP	1046047		1046047						4
5	EMPLOYEE BENEFITS	3688428	13210	2533	3704171					5
6.01	PURCHASING	218591	69082	1103	32134	320910				6.01
6.02	ADMITTING	894380	29565	4010	139225	620	1067800			6.02
6.03	PATIENT ACCOUNTS	328749	26754	234	39790	135		395662		6.03
6.04	OTHER ADMINISTRATIVE & GENERAL	5527881	492301	399393	646990	4799			7071364	6.04
7	MAINTENANCE & REPAIRS	140457	6493		19765	9			166724	7
8	OPERATION OF PLANT	1492830	169515	13223	95020	6701			1777289	8
9	LAUNDRY & LINEN SERVICE	127381	10063	2968					140412	9
10	HOUSEKEEPING	529573	46791	7818	67565	7673			659420	10
11	DIETARY	188241	149924	28130	25584	5561			397440	11
12	CAFETERIA	150849	51745		27170				229764	12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	536502	8434	464	88138	205			633743	14
15	CENTRAL SERVICES & SUPPLY									15
16	PHARMACY									16
17	MEDICAL RECORDS & LIBRARY	189484	43868	3640	32552	126			269670	17
18	SOCIAL SERVICE	528296	24768	2260	73720	209			629253	18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	8835739	485427	295080	1365838	10192	294005	108906	11395187	25
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	314608		21718	14505	99	4487	1663	357080	37
41	RADIOLOGY-DIAGNOSTIC	297073	44448	47117	47424	249	8845	3278	448434	41
43	RADIOISOTOPE	24619	6248				711	263	31841	43
44	LABORATORY	993079		178	7881	16831	23201	8598	1049768	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY	3111190	34496	142673	632536	293	287864	106678	4315730	49
49.01	PULMONARY REHAB	362668	42038	8186	47197	206	4378	1623	466296	49.01
50	PHYSICAL THERAPY	310394	37174	2837	51351	232	8374	3103	413465	50
51	OCCUPATIONAL THERAPY	243602	20149		20074	7	8418	3120	295370	51
52	SPEECH PATHOLOGY	209158	7854		34969		7732	2865	262578	52
52.01	PSYCHOLOGY		8635	745	29455	1			38836	52.01
55	MEDICAL SUPPLIES CHARGED TO PAT	2539727				146845	188396	69816	2944784	55
56	DRUGS CHARGED TO PATIENTS	2637618	39874	3345	127056	119881	203155	75286	3206215	56
57	RENAL DIALYSIS	584508	2678			36	19515	7232	613969	57
58.01	ULTRASOUND	60414	2477	15358	9502		3257	1207	92215	58.01
58.02	CT SCAN	11645	8234	42287			5462	2024	69652	58.02
OUTPATIENT SERVICE COST CENTERS										
61	EMERGENCY		3369	747	28730				32846	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
69.10	CMHC									69.10
69.20	OPT									69.20
69.30	CMHC									69.30
69.40	OPT									69.40
71	HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS	38009345	1885614	1046047	3704171	320910	1067800	395662	38009345	95
NONREIMBURSABLE COST CENTERS										
96.01	OFFSITE RESPIRATORY									96.01
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	38009345	1885614	1046047	3704171	320910	1067800	395662	38009345	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OTHER A&G 6.04	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 PURCHASING									6.01
6.02 ADMITTING									6.02
6.03 PATIENT ACCOUNTS									6.03
6.04 OTHER ADMINISTRATIVE & GENERAL	7071364	204831							6.04
7 MAINTENANCE & REPAIRS	38107								7
8 OPERATION OF PLANT	406228		2183517						8
9 LAUNDRY & LINEN SERVICE	32093		20370	192875					9
10 HOUSEKEEPING	150721		94716		904857				10
11 DIETARY	90841		303478		132760	924519			11
12 CAFETERIA	52516		104743		45821		432844		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	144852		17073		7469		10322	813459	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	61637		88799		38846		6298		17
18 SOCIAL SERVICE	143826		50136		21932		11564		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2604549	169256	982610	192875	429854	924519	253492	806557	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	81616						2169	6902	37
41 RADIOLOGY-DIAGNOSTIC	102497	1183	89973		39360		5896		41
43 RADIOISOTOPE	7278		12647		5532				43
44 LABORATORY	239941						2257		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	986429	33378	69828		30547		89273		49
49.01 PULMONARY REHAB	106579	845	85095		37226		7575		49.01
50 PHYSICAL THERAPY	94504		75249		32918		9289		50
51 OCCUPATIONAL THERAPY	67512		40786		17842		3499		51
52 SPEECH PATHOLOGY	60016		15899		6955		5371		52
52.01 PSYCHOLOGY	8877		17480		7647		3499		52.01
55 MEDICAL SUPPLIES CHARGED TO PAT	673077								55
56 DRUGS CHARGED TO PATIENTS	732832	169	80714		35309		16427		56
57 RENAL DIALYSIS	140332		5420		2371				57
58.01 ULTRASOUND	21077		5014		2193		892		58.01
58.02 CT SCAN	15920		16667		7291				58.02
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	7507		6820		2984		5021		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	7071364	204831	2183517	192875	904857	924519	432844	813459	95
NONREIMBURSABLE COST CENTERS									
96.01 OFFSITE RESPIRATORY									96.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	7071364	204831	2183517	192875	904857	924519	432844	813459	103

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS							1
1	OLD CAP REL COSTS-BLDG & FIXT						2
2	OLD CAP REL COSTS-MVBLE EQUIP						3
3	NEW CAP REL COSTS-BLDG & FIXT						4
4	NEW CAP REL COSTS-MVBLE EQUIP						5
5	EMPLOYEE BENEFITS						6.01
6.01	PURCHASING						6.02
6.02	ADMITTING						6.03
6.03	PATIENT ACCOUNTS						6.04
6.04	OTHER ADMINISTRATIVE & GENERAL						7
7	MAINTENANCE & REPAIRS						8
8	OPERATION OF PLANT						9
9	LAUNDRY & LINEN SERVICE						10
10	HOUSEKEEPING						11
11	DIETARY						12
12	CAFETERIA						13
13	MAINTENANCE OF PERSONNEL						14
14	NURSING ADMINISTRATION						15
15	CENTRAL SERVICES & SUPPLY						16
16	PHARMACY						17
17	MEDICAL RECORDS & LIBRARY	465250					18
18	SOCIAL SERVICE		856711				20
20	NONPHYSICIAN ANESTHETISTS						21
21	NURSING SCHOOL						22
22	I&R SERVICES-SALARY & FRINGES A						23
23	I&R SERVICES-OTHER PRGM COSTS A						24
24	PARAMED ED PRGM-(SPECIFY)						
INPATIENT ROUTINE SERV COST CENTERS							25
25	ADULTS & PEDIATRICS	128095	856711	18743705		18743705	37
ANCILLARY SERVICE COST CENTERS							41
37	OPERATING ROOM	1955		449722		449722	43
41	RADIOLOGY-DIAGNOSTIC	3854		691197		691197	44
43	RADIOISOTOPE	310		57608		57608	46.30
44	LABORATORY	10109		1302075		1302075	49
46.30	BLOOD CLOTTING FACTORS ADMIN CO						49.01
49	RESPIRATORY THERAPY	125427		5650612		5650612	50
49.01	PULMONARY REHAB	1908		705524		705524	51
50	PHYSICAL THERAPY	3648		629073		629073	52
51	OCCUPATIONAL THERAPY	3668		428677		428677	52.01
52	SPEECH PATHOLOGY	3369		354188		354188	55
52.01	PSYCHOLOGY			76339		76339	56
55	MEDICAL SUPPLIES CHARGED TO PAT	82087		3699948		3699948	57
56	DRUGS CHARGED TO PATIENTS	88518		4160184		4160184	58.01
57	RENAL DIALYSIS	8503		770595		770595	58.02
58.01	ULTRASOUND	1419		122810		122810	
58.02	CT SCAN	2380		111910		111910	61
OUTPATIENT SERVICE COST CENTERS							62
61	EMERGENCY			55178		55178	63.50
62	OBSERVATION BEDS (NON-DISTINCT						63.60
63.50	RHC						
63.60	FQHC						69.10
OTHER REIMBURSABLE COST CENTERS							69.20
69.10	CMHC						69.30
69.20	OPT						69.40
69.30	CMHC						71
69.40	OPT						
71	HOME HEALTH AGENCY						85.01
SPECIAL PURPOSE COST CENTERS							85.02
85.01	PANCREAS ACQUISITION						85.03
85.02	INTESTINAL ACQUISITION						95
85.03	ISLET CELL ACQUISITION						
95	SUBTOTALS	465250	856711	38009345		38009345	96.01
NONREIMBURSABLE COST CENTERS							101
96.01	OFFSITE RESPIRATORY						102
101	CROSS FOOT ADJUSTMENTS						103
102	NEGATIVE COST CENTER						
103	TOTAL	465250	856711	38009345		38009345	

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	PURCHASING 6.01	ADMITTING 6.02	PATIENT ACCOUNTS 6.03	
GENERAL SERVICE COST CENTERS										1
1	OLD CAP REL COSTS-BLDG & FIXT									2
2	OLD CAP REL COSTS-MVBLE EQUIP									3
3	NEW CAP REL COSTS-BLDG & FIXT									4
4	NEW CAP REL COSTS-MVBLE EQUIP									5
5	EMPLOYEE BENEFITS		13210	2533	15743	15743				6.01
6.01	PURCHASING		69082	1103	70185	137	70322			6.02
6.02	ADMITTING	14034	29565	4010	47609	592	136	48337		6.03
6.03	PATIENT ACCOUNTS		26754	234	26988	169	30		27187	6.04
6.04	OTHER ADMINISTRATIVE & GENERAL	9666	492301	399393	901360	2749	1052			7
7	MAINTENANCE & REPAIRS		6493		6493	84	2			8
8	OPERATION OF PLANT		169515	13223	182738	404	1468			9
9	LAUNDRY & LINEN SERVICE		10063	2968	13031					10
10	HOUSEKEEPING		46791	7818	54609	287	1681			11
11	DIETARY	112	149924	28130	178166	109	1219			12
12	CAFETERIA		51745		51745	115				13
13	MAINTENANCE OF PERSONNEL									14
14	NURSING ADMINISTRATION		8434	464	8898	375	45			15
15	CENTRAL SERVICES & SUPPLY									16
16	PHARMACY									17
17	MEDICAL RECORDS & LIBRARY		43868	3640	47508	138	28			18
18	SOCIAL SERVICE		24768	2260	27028	313	46			20
20	NONPHYSICIAN ANESTHETISTS									21
21	NURSING SCHOOL									22
22	I&R SERVICES-SALARY & FRINGES A									23
23	I&R SERVICES-OTHER PRGM COSTS A									24
24	PARAMED ED PRGM-(SPECIFY)									25
25	INPATIENT ROUTINE SERV COST CENTERS		485427	295080	780507	5806	2233	13313	7446	37
	ADULTS & PEDIATRICS									41
37	ANCILLARY SERVICE COST CENTERS			21718	21718	62	22	203	114	43
41	OPERATING ROOM		44448	47117	91565	202	55	400	226	44
43	RADIOLOGY-DIAGNOSTIC		6248		6248			32	18	46.30
44	RADIOISOTOPE			178	178	33	3688	1050	592	49
44	LABORATORY									49.01
46.30	BLOOD CLOTTING FACTORS ADMIN CO		34496	142673	177169	2688	64	13030	7344	50
49	RESPIRATORY THERAPY		42038	8186	50224	201	45	198	112	51
49.01	PULMONARY REHAB		37174	2837	40011	218	51	379	214	52
50	PHYSICAL THERAPY		20149		20149	85	2	381	215	52.01
51	OCCUPATIONAL THERAPY		7854		7854	149		350	197	55
52	SPEECH PATHOLOGY		8635	745	9380	125				56
52.01	PSYCHOLOGY									57
55	MEDICAL SUPPLIES CHARGED TO PAT	286070	39874	3345	43219	540	32178	8528	4806	58.01
56	DRUGS CHARGED TO PATIENTS		2678		2678		26269	9196	5183	58.02
57	RENAL DIALYSIS		2477	15358	17835	40	8	883	498	61
58.01	ULTRASOUND		8234	42287	50521			147	83	62
58.02	CT SCAN							247	139	63.50
	OUTPATIENT SERVICE COST CENTERS		3369	747	4116	122				63.60
61	EMERGENCY									69.10
62	OBSERVATION BEDS (NON-DISTINCT									69.20
63.50	RHC									69.30
63.60	FQHC									69.40
	OTHER REIMBURSABLE COST CENTERS									71
69.10	CMHC									85.01
69.20	OPT									85.02
69.30	CMHC									85.03
69.40	OPT									95
71	HOME HEALTH AGENCY									96.01
	SPECIAL PURPOSE COST CENTERS									101
85.01	PANCREAS ACQUISITION									102
85.02	INTESTINAL ACQUISITION									103
85.03	ISLET CELL ACQUISITION									
95	SUBTOTALS	309882	1885614	1046047	3241543	15743	70322	48337	27187	
	NONREIMBURSABLE COST CENTERS									
96.01	OFFSITE RESPIRATORY									
101	CROSS FOOT ADJUSTMENTS									
102	NEGATIVE COST CENTER									
103	TOTAL	309882	1885614	1046047	3241543	15743	70322	48337	27187	

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	OTHER A&G 6.04	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 PURCHASING								6.01
6.02 ADMITTING								6.02
6.03 PATIENT ACCOUNTS								6.03
6.04 OTHER ADMINISTRATIVE & GENERAL	905161							6.04
7 MAINTENANCE & REPAIRS	4878	11457						7
8 OPERATION OF PLANT	51998		236608					8
9 LAUNDRY & LINEN SERVICE	4108		2207	19346				9
10 HOUSEKEEPING	19293		10263		86133			10
11 DIETARY	11628		32885		12637	236644		11
12 CAFETERIA	6722		11350		4362		74294	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	18541		1850		711		1772	14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	7890		9622		3698		1081	17
18 SOCIAL SERVICE	18410		5433		2088		1985	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	333397	9468	106478	19346	40916	236644	43509	31919 25
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	10447						372	37
41 RADIOLOGY-DIAGNOSTIC	13120	66	9750		3747		1012	41
43 RADIOISOTOPE	932		1370		527			43
44 LABORATORY	30713						387	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	126265	1867	7567		2908		15323	49
49.01 PULMONARY REHAB	13642	47	9221		3544		1300	49.01
50 PHYSICAL THERAPY	12097		8154		3133		1594	50
51 OCCUPATIONAL THERAPY	8642		4420		1698		601	51
52 SPEECH PATHOLOGY	7682		1723		662		922	52
52.01 PSYCHOLOGY	1136		1894		728		601	52.01
55 MEDICAL SUPPLIES CHARGED TO PAT	86156							55
56 DRUGS CHARGED TO PATIENTS	93804	9	8746		3361		2820	56
57 RENAL DIALYSIS	17963		587		226			57
58.01 ULTRASOUND	2698		543		209		153	58.01
58.02 CT SCAN	2038		1806		694			58.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	961		739		284		862	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	905161	11457	236608	19346	86133	236644	74294	32192 95
NONREIMBURSABLE COST CENTERS								
96.01 OFFSITE RESPIRATORY								96.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	905161	11457	236608	19346	86133	236644	74294	32192 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 PURCHASING						6.01
6.02 ADMITTING						6.02
6.03 PATIENT ACCOUNTS						6.03
6.04 OTHER ADMINISTRATIVE & GENERAL						6.04
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY	69965					17
18 SOCIAL SERVICE		55303				18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	19304	55303	1705589		1705589	25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	294		33505		33505	37
41 RADIOLOGY-DIAGNOSTIC	579		120722		120722	41
43 RADIOISOTOPE	47		9174		9174	43
44 LABORATORY	1519		38160		38160	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	18846		373071		373071	49
49.01 PULMONARY REHAB	287		78821		78821	49.01
50 PHYSICAL THERAPY	548		66399		66399	50
51 OCCUPATIONAL THERAPY	551		36744		36744	51
52 SPEECH PATHOLOGY	506		20045		20045	52
52.01 PSYCHOLOGY			13864		13864	52.01
55 MEDICAL SUPPLIES CHARGED TO PAT	12334		430072		430072	55
56 DRUGS CHARGED TO PATIENTS	13301		206448		206448	56
57 RENAL DIALYSIS	1278		24121		24121	57
58.01 ULTRASOUND	213		21921		21921	58.01
58.02 CT SCAN	358		55803		55803	58.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY			7084		7084	61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OPT						69.20
69.30 CMHC						69.30
69.40 OPT						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	69965	55303	3241543		3241543	95
NONREIMBURSABLE COST CENTERS						
96.01 OFFSITE RESPIRATORY						96.01
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	69965	55303	3241543		3241543	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	PURCHASING SUPPLIES EXPENSE	ADMITTING CHARGES	PATIENT ACCOUNTS CHARGES	RECON- CILIATION
	3	4	5	6.01	6.02	6.03	6A.04
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	84506						3
4 NEW CAP REL COSTS-MVBLE EQUIP		9751381					4
5 EMPLOYEE BENEFITS	592	23614	20468847				5
6.01 PURCHASING	3096	10286	177571	4925032			6.01
6.02 ADMITTING	1325	37382	769341	9509	120530312		6.02
6.03 PATIENT ACCOUNTS	1199	2184	219876	2075		120530312	6.03
6.04 OTHER ADMINISTRATIVE & GENERA	22063	3723201	3575203	73646			6.04
7 MAINTENANCE & REPAIRS	291		109218	132			7
8 OPERATION OF PLANT	7597	123263	525073	102837			8
9 LAUNDRY & LINEN SERVICE	451	27664					9
10 HOUSEKEEPING	2097	72881	373359	117754			10
11 DIETARY	6719	262234	141372	85352			11
12 CAFETERIA	2319		150141				12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	378	4323	487041	3139			14
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY	1966	33937	179879	1931			17
18 SOCIAL SERVICE	1110	21068	407371	3200			18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	21755	2750768	7547448	156422	33184713	33184713	25
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		202456	80154	1527	506474	506474	37
41 RADIOLOGY-DIAGNOSTIC	1992	439233	262061	3820	998473	998473	41
43 RADIOISOTOPE	280				80213	80213	43
44 LABORATORY		1660	43548	258311	2618871	2618871	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	1546	1330013	3495330	4501	32493959	32493959	49
49.01 PULMONARY REHAB	1884	76307	260805	3155	494225	494225	49.01
50 PHYSICAL THERAPY	1666	26448	283762	3556	945198	945198	50
51 OCCUPATIONAL THERAPY	903		110928	108	950212	950212	51
52 SPEECH PATHOLOGY	352		193236		872749	872749	52
52.01 PSYCHOLOGY	387	6948	162763	21			52.01
55 MEDICAL SUPPLIES CHARGED TO P				2253657	21266066	21266066	55
56 DRUGS CHARGED TO PATIENTS	1787	31178	702097	1839829	22932083	22932083	56
57 RENAL DIALYSIS	120			550	2202799	2202799	57
58.01 ULTRASOUND	111	143165	52509		367692	367692	58.01
58.02 CT SCAN	369	394200			616585	616585	58.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	151	6968	158761				61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
69.20 OPT							69.20
69.30 CMHC							69.30
69.40 OPT							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	84506	9751381	20468847	4925032	120530312	120530312	95
NONREIMBURSABLE COST CENTERS							
96.01 OFFSITE RESPIRATORY							96.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	PURCHASING SUPPLIES EXPENSE 6.01	ADMITTING CHARGES 6.02	PATIENT ACCOUNTS CHARGES 6.03	RECON- CILIATION 6A.04
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	1885614	1046047	3704171	320910	1067800	395662	103
104	UNIT COST MULT-WS B PT I		.107272		.065159		.003283	104
104	UNIT COST MULT-WS B PT I	22.313374		.180966		.008859		104
105	COST TO BE ALLOC PER B PT II							105
106	UNIT COST MULT-WS B PT II							106
106	UNIT COST MULT-WS B PT II							106
107	COST TO BE ALLOC PER B PT III			15743	70322	48337	27187	107
108	UNIT COST MULT-WS B PT III				.014278		.000226	108
108	UNIT COST MULT-WS B PT III			.000769		.000401		108

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WORKSHEET B-1

COST CENTER DESCRIPTION		OTHER A&G	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION
		ACCUM COST	WORK ORDERS	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED	FTES	FTES
		6.04	7	8	9	10	11	12	14
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6.01	PURCHASING								6.01
6.02	ADMITTING								6.02
6.03	PATIENT ACCOUNTS								6.03
6.04	OTHER ADMINISTRATIVE & GENERA	30937981							6.04
7	MAINTENANCE & REPAIRS	166724	2424						7
8	OPERATION OF PLANT	1777289		48343					8
9	LAUNDRY & LINEN SERVICE	140412		451	246224				9
10	HOUSEKEEPING	659420		2097		45795			10
11	DIETARY	397440		6719		6719	18877		11
12	CAFETERIA	229764		2319		2319		24742	12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	633743		378		378		590	14614
15	CENTRAL SERVICES & SUPPLY								15
16	PHARMACY								16
17	MEDICAL RECORDS & LIBRARY	269670		1966		1966		360	17
18	SOCIAL SERVICE	629253		1110		1110		661	18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES								22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	11395187	2003	21755	246224	21755	18877	14490	14490
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	357080						124	124
41	RADIOLOGY-DIAGNOSTIC	448434	14	1992		1992		337	
43	RADIOISOTOPE	31841		280		280			
44	LABORATORY	1049768						129	
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	4315730	395	1546		1546		5103	
49.01	PULMONARY REHAB	466296	10	1884		1884		433	
50	PHYSICAL THERAPY	413465		1666		1666		531	
51	OCCUPATIONAL THERAPY	295370		903		903		200	
52	SPEECH PATHOLOGY	262578		352		352		307	
52.01	PSYCHOLOGY	38836		387		387		200	
55	MEDICAL SUPPLIES CHARGED TO P	2944784							
56	DRUGS CHARGED TO PATIENTS	3206215	2	1787		1787		939	
57	RENAL DIALYSIS	613969		120		120			
58.01	ULTRASOUND	92215		111		111		51	
58.02	CT SCAN	69652		369		369			
OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY	32846		151		151		287	
62	OBSERVATION BEDS (NON-DISTINC								
63.50	RHC								
63.60	FQHC								
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								
69.20	OPT								
69.30	CMHC								
69.40	OPT								
71	HOME HEALTH AGENCY								
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								
85.02	INTESTINAL ACQUISITION								
85.03	ISLET CELL ACQUISITION								
95	SUBTOTALS	30937981	2424	48343	246224	45795	18877	24742	14614
NONREIMBURSABLE COST CENTERS									
96.01	OFFSITE RESPIRATORY								

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION		OTHER A&G ACCUM COST 6.04	MAIN- TENANCE & REPAIRS WORK ORDERS 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA FTES 12	NURSING ADMINIS- TRATION FTES 14
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	7071364	204831	2183517	192875	904857	924519	432844	813459
104	UNIT COST MULT-WS B PT I	.228566		45.167180		19.758860		17.494301	
104	UNIT COST MULT-WS B PT I		84.501238		.783331		48.975950		55.662994
105	COST TO BE ALLOC PER B PT II								
106	UNIT COST MULT-WS B PT II								
106	UNIT COST MULT-WS B PT II								
107	COST TO BE ALLOC PER B PT III	905161	11457	236608	19346	86133	236644	74294	32192
108	UNIT COST MULT-WS B PT III	.029257		4.894359		1.880839		3.002748	
108	UNIT COST MULT-WS B PT III		4.726485		.078571		12.536102		2.202819

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY CHARGES	SOCIAL SERVICE PATIENT DAYS	
	17	18	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 PURCHASING			6.01
6.02 ADMITTING			6.02
6.03 PATIENT ACCOUNTS			6.03
6.04 OTHER ADMINISTRATIVE & GENERA			6.04
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY	120530312		17
18 SOCIAL SERVICE		24811	18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES			22
23 I&R SERVICES-OTHER PRGM COSTS			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	33184713	24811	25
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	506474		37
41 RADIOLOGY-DIAGNOSTIC	998473		41
43 RADIOISOTOPE	80213		43
44 LABORATORY	2618871		44
46.30 BLOOD CLOTTING FACTORS ADMIN			46.30
49 RESPIRATORY THERAPY	32493959		49
49.01 PULMONARY REHAB	494225		49.01
50 PHYSICAL THERAPY	945198		50
51 OCCUPATIONAL THERAPY	950212		51
52 SPEECH PATHOLOGY	872749		52
52.01 PSYCHOLOGY			52.01
55 MEDICAL SUPPLIES CHARGED TO P	21266066		55
56 DRUGS CHARGED TO PATIENTS	22932083		56
57 RENAL DIALYSIS	2202799		57
58.01 ULTRASOUND	367692		58.01
58.02 CT SCAN	616585		58.02
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY			61
62 OBSERVATION BEDS (NON-DISTINC			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OPT			69.20
69.30 CMHC			69.30
69.40 OPT			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	120530312	24811	95
NONREIMBURSABLE COST CENTERS			
96.01 OFFSITE RESPIRATORY			96.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY CHARGES 17	SOCIAL SERVICE PATIENT DAYS 18	
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	465250	856711	103
104 UNIT COST MULT-WS B PT I	.003860		104
104 UNIT COST MULT-WS B PT I		34.529483	104
105 COST TO BE ALLOC PER B PT II			105
106 UNIT COST MULT-WS B PT II			106
106 UNIT COST MULT-WS B PT II			106
107 COST TO BE ALLOC PER B PT III	69965	55303	107
108 UNIT COST MULT-WS B PT III	.000580		108
108 UNIT COST MULT-WS B PT III		2.228971	108

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KPMG LLP COMPU-MAX MICRO SYSTEM
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	18743705		18743705		18743705	25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	449722		449722		449722	37
41 RADIOLOGY-DIAGNOSTIC	691197		691197		691197	41
43 RADIOISOTOPE	57608		57608		57608	43
44 LABORATORY	1302075		1302075		1302075	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	5650612		5650612		5650612	49
49.01 PULMONARY REHAB	705524		705524	13596	719120	49.01
50 PHYSICAL THERAPY	629073		629073		629073	50
51 OCCUPATIONAL THERAPY	428677		428677		428677	51
52 SPEECH PATHOLOGY	354188		354188		354188	52
52.01 PSYCHOLOGY	76339		76339		76339	52.01
55 MEDICAL SUPPLIES CHARGED TO	3699948		3699948		3699948	55
56 DRUGS CHARGED TO PATIENTS	4160184		4160184		4160184	56
57 RENAL DIALYSIS	770595		770595		770595	57
58.01 ULTRASOUND	122810		122810		122810	58.01
58.02 CT SCAN	111910		111910		111910	58.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	55178		55178		55178	61
62 OBSERVATION BEDS (NON-DISTI						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	38009345		38009345	13596	38022941	101
102 LESS OBSERVATION BEDS						102
103 TOTAL	38009345		38009345	13596	38022941	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
25 INPATIENT ROUTINE SERV COST CENTERS						25
ADULTS & PEDIATRICS	33184713		33184713			
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	506474		506474	.887947	.887947	.887947 37
41 RADIOLOGY-DIAGNOSTIC	984999	13474	998473	.692254	.692254	.692254 41
43 RADIOISOTOPE	77139	3074	80213	.718188	.718188	.718188 43
44 LABORATORY	2596300	22571	2618871	.497189	.497189	.497189 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	32481107	12852	32493959	.173897	.173897	.173897 49
49.01 PULMONARY REHAB		494225	494225	1.427536	1.427536	1.455046 49.01
50 PHYSICAL THERAPY	915430	29768	945198	.665546	.665546	.665546 50
51 OCCUPATIONAL THERAPY	935512	14700	950212	.451138	.451138	.451138 51
52 SPEECH PATHOLOGY	870384	2365	872749	.405830	.405830	.405830 52
52.01 PSYCHOLOGY						52.01
55 MEDICAL SUPPLIES CHARGED TO	21263870	2196	21266066	.173984	.173984	.173984 55
56 DRUGS CHARGED TO PATIENTS	22932083		22932083	.181413	.181413	.181413 56
57 RENAL DIALYSIS	2107689	95110	2202799	.349825	.349825	.349825 57
58.01 ULTRASOUND	361458	6234	367692	.334002	.334002	.334002 58.01
58.02 CT SCAN	601559	15026	616585	.181500	.181500	.181500 58.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTI						62
63.50 RHC						63.50
63.60 PQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	119818717	711595	120530312			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	119818717	711595	120530312			103

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK { } TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES { } TITLE XIX

		OLD CAPITAL		NEW CAPITAL		
		CAPITAL RELATED COST	SWING-BED ADJUSTMENT	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
COST CENTER DESCRIPTION		1	2	4	5	6
25	INPAT ROUTINE SERV COST CTRS					
26	ADULTS & PEDIATRICS			1705589		1705589
27	INTENSIVE CARE UNIT					
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
30	SURGICAL INTENSIVE CARE UNIT					
31	OTHER SPECIAL CARE (SPECIFY)					
33	SUBPROVIDER I					
33	NURSERY					
101	TOTAL			1705589		1705589

		OLD CAPITAL		NEW CAPITAL		
		TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM
COST CENTER DESCRIPTION		7	8	9	10	11
25	INPAT ROUTINE SERV COST CTRS					
26	ADULTS & PEDIATRICS	24811	16094			68.74
27	INTENSIVE CARE UNIT					
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
30	SURGICAL INTENSIVE CARE UNIT					
31	OTHER SPECIAL CARE (SPECIFY)					
33	SUBPROVIDER I					
33	NURSERY					
101	TOTAL	24811	16094			1106302

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-2010) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----	----	CAPITAL	RATIO OF	CAPITAL	RATIO OF	CAPITAL
	CAPITAL	CAPITAL			OLD CAPITAL	NEW CAPITAL					
	RELATED	RELATED	CHARGES	PROGRAM	RATIO OF	COSTS	CHARGES	COST TO	CHARGES	COSTS	CHARGES
	COST	COST		CHARGES	5	6	7	8	9	10	11
	1	2	3	4							
ANCILLARY SERVICE COST CENTERS											
37 OPERATING ROOM		33505	506474	327671			.066153	21676	37		
41 RADIOLOGY-DIAGNOSTIC		120722	998473	611000			.120907	73874	41		
43 RADIOISOTOPE		9174	80213	62730			.114370	7174	43		
44 LABORATORY		38160	2618871	1685859			.014571	24565	44		
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30		
49 RESPIRATORY THERAPY		373071	32493959	21305727			.011481	244611	49		
49.01 PULMONARY REHAB		78821	494225				.159484		49.01		
50 PHYSICAL THERAPY		66399	945198	582840			.070249	40944	50		
51 OCCUPATIONAL THERAPY		36744	950212	543522			.038669	21017	51		
52 SPEECH PATHOLOGY		20045	872749	554970			.022968	12747	52		
52.01 PSYCHOLOGY		13864							52.01		
55 MEDICAL SUPPLIES CHARGED TO P		430072	21266066	13657190			.020223	276189	55		
56 DRUGS CHARGED TO PATIENTS		206448	22932083	13943480			.009003	125533	56		
57 RENAL DIALYSIS		24121	2202799	1225012			.010950	13414	57		
58.01 ULTRASOUND		21921	367692	237145			.059618	14138	58.01		
58.02 CT SCAN		55803	616585	345248			.090503	31246	58.02		
OUTPATIENT SERVICE COST CENTERS											
61 EMERGENCY		7084							61		
62 OBSERVATION BEDS (NON-DISTINC									62		
63.50 RHC									63.50		
63.60 FQHC									63.60		
OTHER REIMBURSABLE COST CENTERS											
101 TOTAL		1535954	87345599	55082394					907128	101	

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V
APPLICABLE [XX] TITLE XVIII-PT A
BOXES [] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					24811		16094	25
26 INTENSIVE CARE UNIT								26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					24811		16094	101

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KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-2010)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
41 RADIOLOGY-DIAGNOSTIC							41
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 PULMONARY REHAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
52.01 PSYCHOLOGY							52.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 ULTRASOUND							58.01
58.02 CT SCAN							58.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

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 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	{XX}	HOSPITAL (14-2010)	{ }	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	{ }	SUB I	{ }	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	{ }	SUB II	{ }	NF		
			{ }	SUB III	{ }	ICF/MR		

COST CENTER DESCRIPTION		OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		506474			327671			37
41	RADIOLOGY-DIAGNOSTIC		998473			611000		13474	41
43	RADIOISOTOPE		80213			62730		3074	43
44	LABORATORY		2618871			1685859		22571	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY		32493959			21305727		12852	49
49.01	PULMONARY REHAB		494225					123523	49.01
50	PHYSICAL THERAPY		945198			582840		29768	50
51	OCCUPATIONAL THERAPY		950212			543522		14700	51
52	SPEECH PATHOLOGY		872749			554970		2365	52
52.01	PSYCHOLOGY								52.01
55	MEDICAL SUPPLIES CHARGED TO P		21266066			13657190		2196	55
56	DRUGS CHARGED TO PATIENTS		22932083			13943480			56
57	RENAL DIALYSIS		2202799			1225012		95110	57
58.01	ULTRASOUND		367692			237145		6234	58.01
58.02	CT SCAN		616585			345248		15026	58.02
OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		87345599			55082394		340893	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-2010)	[]	SUB IV	[]	PPS
APPLICABLE	{XX}	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
41 RADIOLOGY-DIAGNOSTIC						41
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
49.01 PULMONARY REHAB						49.01
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
52.01 PSYCHOLOGY						52.01
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58.01 ULTRASOUND						58.01
58.02 CT SCAN						58.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

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KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-2010)
APPLICABLE [XX] TITLE XVIII-PT B [] SUB I
BOXES [] TITLE XIX - O/P [] SUB II
[] SUB III
[] SUB IV

[] SNF
[] NF
[] S/B-SNF
[] S/B-NF
[] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL		DIAGNOSTIC
				CENTER		
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.887947	.887947	.887947			37
41 RADIOLOGY-DIAGNOSTIC	.692254	.692254	.692254			41
43 RADIOISOTOPE	.718188	.718188	.718188			43
44 LABORATORY	.497189	.497189	.497189			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.173897	.173897	.173897			49
49.01 PULMONARY REHAB	1.427536	1.427536	1.427536			49.01
50 PHYSICAL THERAPY	.665546	.665546	.665546			50
51 OCCUPATIONAL THERAPY	.451138	.451138	.451138			51
52 SPEECH PATHOLOGY	.405830	.405830	.405830			52
52.01 PSYCHOLOGY						52.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.173984	.173984	.173984			55
56 DRUGS CHARGED TO PATIENTS	.181413	.181413	.181413			56
57 RENAL DIALYSIS	.349825	.349825	.349825			57
58.01 ULTRASOUND	.334002	.334002	.334002			58.01
58.02 CT SCAN	.181500	.181500	.181500			58.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.181413	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-2010)	[]	SNF
APPLICABLE	{XX}	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL	PPS SER-		PPS SER-	PPS SER-	OUTPATIENT		OTHER
	OTHER (1)	VICES	ALL OTHER	VICES	VICES	AMBULATORY	OUTPATIENT	OUTPATIENT
	(SEE	(SEE	(SEE	(SEE	(SEE	SURGICAL	RADIOLOGY	DIAGNOSTIC
	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	CENTER		
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
41 RADIOLOGY-DIAGNOSTIC		13474						41
43 RADIOISOTOPE		3074						43
44 LABORATORY		22571						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		12852						49
49.01 PULMONARY REHAB		123523						49.01
50 PHYSICAL THERAPY		29768						50
51 OCCUPATIONAL THERAPY		14700						51
52 SPEECH PATHOLOGY		2365						52
52.01 PSYCHOLOGY								52.01
55 MEDICAL SUPPLIES CHARGED TO PA		2196						55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS		95110						57
58.01 ULTRASOUND		6234						58.01
58.02 CT SCAN		15026						58.02
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		340893						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		340893						104

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KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-2010)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
		PPS	ALL OTHER	PPS	PPS	I/P PART B	I/P PART B
	ALL OTHER (COLS 1x5) 9	SERVICES (COLUMNS 1.01x5.01) 9.01	(COLUMNS 1.01x5.02) 9.02	SERVICES (COLUMNS 1.01x5.03) 9.03	SERVICES (COLUMNS 1.01x5.04) 9.04	CHARGES (SEE INSTRU.) 10	COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
41 RADIOLOGY-DIAGNOSTIC		9327					41
43 RADIOISOTOPE		2208					43
44 LABORATORY		11222					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		2235					49
49.01 PULMONARY REHAB		176334					49.01
50 PHYSICAL THERAPY		19812					50
51 OCCUPATIONAL THERAPY		6632					51
52 SPEECH PATHOLOGY		960					52
52.01 PSYCHOLOGY							52.01
55 MEDICAL SUPPLIES CHARGED TO PAT		382					55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS		33272					57
58.01 ULTRASOUND		2082					58.01
58.02 CT SCAN		2727					58.02
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		267193					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		267193					104

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-2010)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	24811						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	24811						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24811						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	16094						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-2010)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	18743705						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	18743705						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	33184713						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.564830						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	18743705						37

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-2010)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	755.46					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12158373					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12158373					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-2010)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	11636571					48
49 TOTAL PROGRAM INPATIENT COSTS	23794944					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1106302					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	907128					51
52 TOTAL PROGRAM EXCLUDABLE COST	2013430					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	21781514					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-2010)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY
SNF

	1	
66	SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68	PROGRAM ROUTINE SERVICE COST	68
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72	PER DIEM CAPITAL RELATED COSTS	72
73	PROGRAM CAPITAL RELATED COSTS	73
74	INPATIENT ROUTINE SERVICE COST	74
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76	TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78	INPATIENT ROUTINE SERVICE COST LIMITATION	78
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80	PROGRAM INPATIENT ANCILLARY SERVICES	80
81	UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	82

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

HOSPITAL (PPS) (14-2010)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	755.46	84
85 OBSERVATION BED COST		85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL ROUTINE COST	
COST 1	(FROM LINE 27) 2

COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5
---	---	--

86 OLD CAPITAL-RELATED COST	18743705	86
87 NEW CAPITAL-RELATED COST	18743705	87
88 NON PHYSICIAN ANESTHETIST	18743705	88
89 MEDICAL EDUCATION	18743705	89

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (14-2010)	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
25 INPATIENT ROUTINE SERVICE COST CENTERS		21409230		25
ADULTS & PEDIATRICS				
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.887947	327671	290954	37
41 RADIOLOGY-DIAGNOSTIC	.692254	611000	422967	41
43 RADIOISOTOPE	.718188	62730	45052	43
44 LABORATORY	.497189	1685859	838191	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.173897	21305727	3705002	49
49.01 PULMONARY REHAB	1.455046			49.01
50 PHYSICAL THERAPY	.665546	582840	387907	50
51 OCCUPATIONAL THERAPY	.451138	543522	245203	51
52 SPEECH PATHOLOGY	.405830	554970	225223	52
52.01 PSYCHOLOGY				52.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.173984	13657190	2376133	55
56 DRUGS CHARGED TO PATIENTS	.181413	13943480	2529529	56
57 RENAL DIALYSIS	.349825	1225012	428540	57
58.01 ULTRASOUND	.334002	237145	79207	58.01
58.02 CT SCAN	.181500	345248	62663	58.02
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY				61
62 OBSERVATION BEDS (NON-DISTINCT				62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		55082394	11636571	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		55082394		103

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-2010) 1	HOSPITAL (14-2010) 1.01	HOSPITAL (14-2010) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	267193			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	159807			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.939			1.03
1.04 LINE 1.01 TIMES LINE 1.03	250894			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	63.70			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	159807			17.01

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WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-2010) 1	HOSPITAL (14-2010) 1.01	HOSPITAL (14-2010) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	29335		18.01
LINE 17.01			
19 SUBTOTAL	130472		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	130472		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	130472		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	130472		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	130472		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	130472		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
HOSPITAL (14-2010)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		28700502		130472
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	10/30/2007	309087		3.01
PROGRAM .01				3.02
TO .02				3.03
PROVIDER .03			NONE	3.04
PROVIDER .04				3.05
PROGRAM .05				3.50
03/27/2008		1620803		3.51
PROVIDER .51				3.52
TO .52			NONE	3.53
PROGRAM .53				3.54
PROGRAM .54				
SUBTOTAL .99		-1311716		3.99
4 TOTAL INTERIM PAYMENTS		27388786		130472
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				5.01
PROGRAM .01				5.02
TO .02		NONE		5.03
PROVIDER .03			NONE	5.50
PROVIDER .50				5.51
TO .51		NONE		5.52
PROGRAM .52				
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				6.01
PROGRAM TO .01				6.02
PROVIDER TO .02		-1342578		
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		26046208		130472
NAME OF INTERMEDIARY: _____				
SIGNATURE OF AUTHORIZED PERSON: _____				
INTERMEDIARY NUMBER: _____				
DATE (MO/DAY/YR): _____				

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEPRA		HOSPITAL (14-2010)	SUB I	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES						1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)						1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	26465758					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)						1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)						1.04
1.05	OUTLIER PAYMENTS	1258941					1.05
1.06	TOTAL PPS PAYMENTS	27724699					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT						1.07
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)						1.08
1.09	NET IPF PPS OUTLIER PAYMENTS						1.09
1.10	NET IPF PPS ECT PAYMENTS						1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)						1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)						1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)						1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)						1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.17
1.18	MEDICAL EDUCATION ADJUSTMENT						1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS						1.19
1.20	STOP LESS PAYMENT FLOOR						1.20
1.21	ADJUSTED NET PAYMENT FLOOR						1.21
1.22	STOP LOSS ADJUSTMENT						1.22
1.23	TOTAL IPF PPS PAYMENTS						1.23
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)						1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)						1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)						1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)						1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.41
1.42	MEDICAL EDUCATION ADJUSTMENT						1.42
2	ORGAN ACQUISITION						2
3	COST OF TEACHING PHYSICIANS						3
4	SUBTOTAL	27724699					4
5	PRIMARY PAYER PAYMENTS						5
6	SUBTOTAL	27724699					6
7	DEDUCTIBLES	19072					7
8	SUBTOTAL	27705627					8
9	COINSURANCE	2206720					9
10	SUBTOTAL	25498907					10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	781858					11
11.01	REDUCED REIMBURSABLE BAD DEBTS	547301					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	638400					11.02
12	SUBTOTAL	26046208					12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						13

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL (14-2010)	SUB I	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER	26046208					17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS	27388786					19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM	-1342578					20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2496390			1
2	TEMPORARY INVESTMENTS	1213325			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	6411425			4
5	OTHER RECEIVABLES	9099			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-539000			6
7	INVENTORY				7
8	PREPAID EXPENSES	923694			8
9	OTHER CURRENT ASSETS	388227			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	10903160			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS				14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS	14255904			15
15.01	ACCUMULATED AMORTIZATION	-6163702			15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	9751382			18
18.01	ACCUMULATED DEPRECIATION	-6342873			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	11500711			21
OTHER ASSETS					
22	INVESTMENTS	5748886			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	1130355			25
26	TOTAL OTHER ASSETS	6879241			26
27	TOTAL ASSETS	29283112			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	2099313			28
29	SALARIES, WAGES & FEES PAYABLE	1854871			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	616315			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	571844			35
36	TOTAL CURRENT LIABILITIES	5142343			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	3926488			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	1690251			41
42	TOTAL LONG TERM LIABILITIES	5616739			42
43	TOTAL LIABILITIES	10759082			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	18524030			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	18524030			51
52	TOTAL LIABILITIES AND FUND BALANCES	29283112			52

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	16410833			1
2 NET INCOME (LOSS)	4533966			2
3 TOTAL	20944799			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 TEMPOR RESTRICTED FUNDS				5
6 UNREALIZED GAIN ON INVESTMENTS				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	20944799			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 UNREALIZED LOSS ON INVESTMENTS	38028			13
14 PARTNERSHIP DISTRIBUTION	2020202			14
15 PENSION-RELATED CHANGES	362539			15
16				16
17				17
18 TOTAL DEDUCTIONS	2420769			18
19 FUND BALANCE AT END OF PERIOD	18524030			19
PER BALANCE SHEET				

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	33184717		33184717	1
2 SUBPROVIDER I				2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	33184717		33184717	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT				10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	33184717		33184717	16
17 ANCILLARY SERVICES	86634005	711595	87345600	17
18 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 OTHER	2027048		2027048	24
25 TOTAL PATIENT REVENUES	121845770	711595	122557365	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		41594446	26
27 ROUNDING			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		41594446	40

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	122557365	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	77922297	2
3	NET PATIENT REVENUES	44635068	3
4	LESS - TOTAL OPERATING EXPENSES	41594446	4
5	NET INCOME FROM SERVICE TO PATIENTS	3040622	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	858181	6
7	INCOME FROM INVESTMENTS	505908	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	55744	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	23212	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	COLLECTION FEES	12125	24
24.01	FACILITY RENTAL FEES	907	24.01
24.02	CONSULTING REVENUE		24.02
24.03	OTHER	134790	24.03
25	TOTAL OTHER INCOME	1590867	25
26	TOTAL	4631489	26
27	LOSS ON SALE OF ASSETS	97523	27
28			28
29			29
30	TOTAL OTHER EXPENSES	97523	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	4533966	31

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***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	64.87						64.87 25
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	64.70						64.70 37
41 RADIOLOGY-DIAGNOSTIC	61.19	1.35					62.54 41
43 RADIOISOTOPE	78.20	3.83					82.03 43
44 LABORATORY	64.37	0.86					65.23 44
49 RESPIRATORY THERAPY	65.57	0.04					65.61 49
49.01 PULMONARY REHAB		24.99					24.99 49.01
50 PHYSICAL THERAPY	61.66	3.15					64.81 50
51 OCCUPATIONAL THERAPY	57.20	1.55					58.75 51
52 SPEECH PATHOLOGY	63.59	0.27					63.86 52
55 MEDICAL SUPPLIES CHARGED TO PAT	64.22	0.01					64.23 55
56 DRUGS CHARGED TO PATIENTS	60.80						60.80 56
57 RENAL DIALYSIS	55.61	4.32					59.93 57
58.01 ULTRASOUND	64.50	1.70					66.20 58.01
58.02 CT SCAN	55.99	2.44					58.43 58.02
101 TOTAL CHARGES	45.70	0.28					45.98 101

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	1885614	4.96	-1885614	-10.79			3
4	NEW CAP REL COSTS-MVBLE EQUIP	1046047	2.75	-1046047	-5.99			4
5	EMPLOYEE BENEFITS	3688428	9.70	-3688428	-21.11			5
6.01	PURCHASING	218591	.58	-218591	-1.25			6.01
6.02	ADMITTING	894380	2.35	-894380	-5.12			6.02
6.03	PATIENT ACCOUNTS	328749	.86	-328749	-1.88			6.03
6.04	OTHER ADMINISTRATIVE & GENERAL	5527881	14.54	-5527881	-31.64			6.04
7	MAINTENANCE & REPAIRS	140457	.37	-140457	-.80			7
8	OPERATION OF PLANT	1492830	3.93	-1492830	-8.54			8
9	LAUNDRY & LINEN SERVICE	127381	.34	-127381	-.73			9
10	HOUSEKEEPING	529573	1.39	-529573	-3.03			10
11	DIETARY	188241	.50	-188241	-1.08			11
12	CAFETERIA	150849	.40	-150849	-.86			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	536502	1.41	-536502	-3.07			14
15	CENTRAL SERVICES & SUPPLY							15
16	PHARMACY							16
17	MEDICAL RECORDS & LIBRARY	189484	.50	-189484	-1.08			17
18	SOCIAL SERVICE	528296	1.39	-528296	-3.02			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	8835739	23.25	9907966	56.70	18743705	49.31	25
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	314608	.83	135114	.77	449722	1.18	37
41	RADIOLOGY-DIAGNOSTIC	297073	.78	394124	2.26	691197	1.82	41
43	RADIOISOTOPE	24619	.06	32989	.19	57608	.15	43
44	LABORATORY	993079	2.61	308996	1.77	1302075	3.43	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	3111190	8.19	2539422	14.53	5650612	14.87	49
49.01	PULMONARY REHAB	362668	.95	342856	1.96	705524	1.86	49.01
50	PHYSICAL THERAPY	310394	.82	318679	1.82	629073	1.66	50
51	OCCUPATIONAL THERAPY	243602	.64	185075	1.06	428677	1.13	51
52	SPEECH PATHOLOGY	209158	.55	145030	.83	354188	.93	52
52.01	PSYCHOLOGY			76339	.44	76339	.20	52.01
55	MEDICAL SUPPLIES CHARGED TO PAT	2539727	6.68	1160221	6.64	3699948	9.73	55
56	DRUGS CHARGED TO PATIENTS	2637618	6.94	1522566	8.71	4160184	10.95	56
57	RENAL DIALYSIS	584508	1.54	186087	1.06	770595	2.03	57
58.01	ULTRASOUND	60414	.16	62396	.36	122810	.32	58.01
58.02	CT SCAN	11645	.03	100265	.57	111910	.29	58.02
61	EMERGENCY			55178	.32	55178	.15	61

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COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
69.10	CMHC							69.10
69.20	OPT							69.20
69.30	CMHC							69.30
69.40	OPT							69.40
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
85.03	ISLET CELL ACQUISITION							85.03
	NONREIMBURSABLE COST CENTERS							
96.01	OFFSITE RESPIRATORY							96.01
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	38009345	100.00	0	.00	38009345	100.00	103

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APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	33505	506474	.066153	327671	21676	37
41 RADIOLOGY-DIAGNOSTIC	120722	998473	.120907	611000	73874	41
43 RADIOISOTOPE	9174	80213	.114370	62730	7174	43
44 LABORATORY	38160	2618871	.014571	1685859	24565	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	373071	32493959	.011481	21305727	244611	49
49.01 PULMONARY REHAB	78821	494225	.159484			49.01
50 PHYSICAL THERAPY	66399	945198	.070249	582840	40944	50
51 OCCUPATIONAL THERAPY	36744	950212	.038669	543522	21017	51
52 SPEECH PATHOLOGY	20045	872749	.022968	554970	12747	52
52.01 PSYCHOLOGY	13864					52.01
55 MEDICAL SUPPLIES CHARGED TO PAT	430072	21266066	.020223	13657190	276189	55
56 DRUGS CHARGED TO PATIENTS	206448	22932083	.009003	13943480	125533	56
57 RENAL DIALYSIS	24121	2202799	.010950	1225012	13414	57
58.01 ULTRASOUND	21921	367692	.059618	237145	14138	58.01
58.02 CT SCAN	55803	616585	.090503	345248	31246	58.02
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	7084					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	1535954	87345599		55082394	907128	101

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APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1705589		1705589	24811	68.74	16094	1106302 25
101 TOTAL	1705589		1705589			16094	1106302 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

1106302

907128

2013430

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	21781514
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	76491624
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.285

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	2013430
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.026

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	206517
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	198950
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	1.038